Best Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD

plication or Docket Number

09/433389

(Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR	SMALLE	
		(Column 1) CLAIMS		(Column 2)	(Column 3)			Ŭ.,		ADDI-
Y		REMAINING		NUMBER	PRESENT	RATE	ADDI- TIONAL	ŀ	RATE	TIONAL
È		AFTER		PREVIOUSLY	EXTRA	DATE	FEE	Î	ואונ	FEE
Ė	•	AMENDMENT		PAID FOR	 	1		ı		
ğ	Total	* 6	Minus	~ 20	= /	X\$ 9=		OR	X\$18=	
AMENDMENT $\mathcal E$	Independent	*	Minus	*** 3	= 4	X43=		OR	X86=	
A	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	EPOCKT CLAIM				Ì	.000	
		•				+140=		OR	+280=	
						TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(0.1		(Calumn 0)	(Column 3)					
		(Column 1) CLAIMS		(Column 2) HIGHEST	(Coldinii 3)		ADDI	•		ADDI-
AMENDMENT		REMAINING		NUMBER	PRESENT	RATE	ADDI- TIONAL		RATE	TIONAL
		AFTER		PREVIOUSLY PAID FOR	EXTRA	naic	FEE		יוטוב	FEE
		AMENDMENT		PAIDFOR			,			
	Total	*	Minus	**	=	X\$ =		OR	X\$ =.	
뿔	Independent	*	Minus	***		X =		OR	X =	
Ľ	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT CLAIM						
						+ =		OR	+ =	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
			•			AUDII. FCE		•	ADDII. 1 CC	
		(Column 1)		(Column 2)	(Column 3)		,	. 1		
AMENDMENT		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT		ADDI-			ADDI-
		AFTER		PREVIOUSLY	EXTRA	RATE	TIONAL		RATE	TIONAL
		AMENDMENT		PAID FOR		 	FEE		<u> </u>	FEE
	Total	÷.	Minus	**	=	X\$ =		OR	X\$ = .	
	Independent	*	Minus	***		X =		OR	X =	
٩	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT CLAIM				 ```	<u> </u>	
						+ =	'	OR	+ =	
						TOTAL		OR	TOTAL	
			·	-		ADDIT. FEE	L	.	ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)					
	Service Service	CLAIMS		HIGHEST NUMBER	PRESENT		ADDI-	1		ADDI-
_		REMAINING AFTER		PREVIOUSLY	EXTRA	RATE	TIONAL	1	RATE	TIONAL
		AMENDMENT		PAID FOR			FEE]		FEE
MO	Total	*	Minus	**	=	X\$ =	ĺ	OR	X\$ =	ŀ
AMENDMENT	Independent	*	Minus	AAA	Ξ	X =	 	1	V _	
₹	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT CLAIN	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	 	OR	<u> </u>	
┞	<u> </u>					+ =		OR	+. =	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE							_	ADDIT. FEE		
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	= Total
ř	Sm./Lg.				Sm. Entity	Lg. Entity	<i>つ/.</i>
Basic Filing Fee	201/101	/					_ /60
Total Claims >20	203/103	-20 =		x		:	.
Independent Claims >3	202/102	-3 =	 .	x			-
Mult. Dep Claim Present	204/104						=
Surcharge	205/105						<u> 130</u>
English Translation	139						<u> </u>
TOTAL FEE CALCULA	ATION						8 92 —
Fees due upon filing t	he application:						
Total Filing Fees Due	= \$	90					
Less Filing Fees Subn	nitted -\$			·			

FORM OIPE-RAM-01 (Rev. 12/97)

Office of Initial Patent Examination